



COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, Suite 630
Nashville, TN 37243 – 615-741-6780

FIRE DEPARTMENT IN-SERVICE TRAINING RECORD SHEET

DATE OF COURSE: _____ LENGTH OF COURSE IN HOURS: _____ / _____ TEST DATE: _____
(FROM) (TO)

TITLE OF COURSE: _____

TOTAL COURSE HOURS FOR THIS SESSION _____ TOTAL # OF STUDENTS FOR THIS SESSION _____

EMP. ID # (or last four (4) digits of SS#)	SHIFT	NAME (Print)	NAME (Sign)	RANK	TEST SCORE

(Print) INSTRUCTOR: _____ (Sign) INSTRUCTOR: _____

(Print) INSTRUCTOR: _____ (Sign) INSTRUCTOR: _____

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